



# TRANSCRIPT REQUEST FORM

## Permission to Release Information

### Instructions for processing your transcript request. Please print clearly.

- ✓ Transcripts released **after** outstanding financial obligations are met
- ✓ Transcripts will be sent to the institution listed by mail or fax
- ✓ Use a separate form for each institution requested
- ✓ Allow 10 business days for processing
- ✓ Photo ID required for pick-up - driver license or student ID
- ✓ \$10 charge for each copy requested

<b>Transcript Request Submission Options</b>			
1. <b>Mail-in:</b> Mail your request to FCTC, 2980 Collins Ave, St Augustine, FL 32084.	3. <b>Via Email:</b> email to <a href="mailto:transcripts@fctc.edu">transcripts@fctc.edu</a>	4. <b>Via Fax:</b> (904) 679-3551.	
2. <b>Hand deliver:</b> Complete the form and submit for verification.			

**I hereby authorize FCTC to release the following portions of my student records to the institution listed below: (select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> CTE Program Transcript -\$10 per copy # of copies _____ | <input type="checkbox"/> Adult High School Completer Transcript |
| <input type="checkbox"/> Copy of OCP Certificates or Diplomas                    | <input type="checkbox"/> Enrollment Verification Letter         |
| <input type="checkbox"/> Early Learning Coalition of SW FL                       | <input type="checkbox"/> Other _____                            |

**Students that require their GED diploma and transcripts must call the State of Florida Department of Education – 1-877-352-4331 or go to GED.com.**

Student Name		Former Names	
Current Address	City	ST	Zip
Email	Phone Number		
Student ID Number	Date of Birth	Last 4 of SSN	
Program		Year Attended	

**We do not offer Un-official transcripts. Transcript requests to other institutions will be sealed and marked Official. PLEASE NOTE: Transcripts that you choose to pick up at FCTC are usually not accepted at other institutions as Official.**

Will pick-up – you will receive a phone call when your transcript is ready to be paid and picked-up – Phone: \_\_\_\_\_

<input type="checkbox"/> Send via mail to: Attn: _____
Name of Institution _____
Address _____
City _____ ST ____ Zip _____
Phone # _____

<input type="checkbox"/> Send via fax to: Attn: _____
Name of Institution _____
Address _____
City _____ ST ____ Zip _____
Fax # _____

<b>STUDENT SIGNATURE REQUIRED BEFORE PROCESSING</b> _____	<b>Date</b> _____
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<b>FOR OFFICE USE ONLY</b>
Processed by _____ Date _____ Payment method _____